

TRANSMITTAL FORM	Application Number	09/409,617
<i>(To be used for all correspondence after initial filing)</i>	Filing Date	October 1, 1999
	Inventor	D.M. SHACKELFORD
	Group Art Unit	2132
	Examiner Name	Benjamin E. Lanier
	Attorney Docket Number	TU999029

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Assignment Papers (for an application)	<input type="checkbox"/> Certificate of Correction of Applicant's Mistake (37 CFR 1.323)
<input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits /Declarations	<input type="checkbox"/> Formal Drawings: ___ sheets <input type="checkbox"/> Licensing-related papers <input type="checkbox"/> Petition: <hr/> <input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Certificate of Correction of Office Mistake (37 CFR 1.322) <input checked="" type="checkbox"/> Appeal Communication to Group (<i>Appeal Notice, Brief, Reply Brief</i>) <input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation, and/or Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Information Disclosure Statement; ___ references	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Fee Address Indication Form
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) ___	<input type="checkbox"/> Other Enclosure(s) <i>(please identify below)</i>
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> After Allowance	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Communication to Group	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name:	David W. Victor, Registration No. 39,867
Signature:	/David Victor/
Date:	October 30, 2006
KONRAD RAYNES & VICTOR, LLP 315 South Beverly Drive, Suite 210 Beverly Hills, California 310-556-7983	The Commissioner is authorized to charge to Deposit Account No. 09-0449 any additional fee required under 37 CFR 1.16 and 1.17, including all required extension of time fees, and charge any other deficiency or credit any overpayment to this deposit account.

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being transmitted through the USPTO EFS-Web system over the Internet on the date indicated below.

Typed or Printed name:	David W. Victor	Customer No. 46917
Signature:	/David Victor/	
Date:	October 30, 2006	